

**Report of the
Commissioners
of the
District of
Columbia**

**1901/1902
Vols. 3-4**

(Washington, DC)







352,0753

D614

1902 v 3-4 90865

57TH CONGRESS, } HOUSE OF REPRESENTATIVES. } DOCUMENT
2d Session. } No. 7.

REPORT

OF THE

COMMISSIONERS OF THE DISTRICT OF COLUMBIA

FOR THE

YEAR ENDED JUNE 30, 1902.

*District of Columbia Commissioners
T. Report*

VOL. III.

[REPORT OF THE HEALTH OFFICER.]

WASHINGTON:

GOVERNMENT PRINTING OFFICE.

1902.

LIBRARY
HARVARD

WASH.

REF.

352.0753

D614

1901/1902 v.3-4

68X28-191

5009

TABLE OF CONTENTS.

	Page.
Vital statistics.....	5
Population.....	5
Mortality.....	7
Mortality among children.....	7
Mortality, daily average.....	8
Deaths, by classes.....	9
Returns of births.....	14
Returns of stillbirths.....	14
Returns of marriages.....	15
Records and transcripts.....	15
Official registers.....	15
Private hospitals.....	15
Cemeteries.....	16
Anatomical material.....	16
Contagious diseases.....	17
Scarlet fever.....	17
Diphtheria.....	18
Disinfecting service.....	18
Isolation wards.....	19
Typhoid fever.....	19
Smallpox.....	19
Tuberculosis.....	20
Contagious diseases among animals.....	21
Permits to obstruct travel.....	21
Chemical laboratory.....	21
Sanitary and food inspection.....	22
Live-stock inspection.....	22
Inspection of dairy farms and dairy products.....	22
Smoke inspection.....	23
Removal of weeds.....	24
Pound service.....	24
Legislation.....	25
Miscellaneous.....	25
Filtration of Potomac water.....	25
Medical inspection of schools.....	25
Municipal bath houses.....	26
Anacostia Flats.....	26

APPENDIX A.

Report of medical sanitary inspector.....	29
Diphtheria.....	29
Scarlet fever.....	29
Disinfection.....	29
Tables—cases, ages, and deaths:	
Diphtheria.....	31
Scarlatina.....	32
Typhoid fever.....	33

APPENDIX B.

	Page.
Report of the chemist.....	35
Examination of—	
Cream.....	35
Milk.....	35
Foods, etc.....	36
Water.....	36

APPENDIX C.

Report of inspector of live stock and dairy farms.....	39
Table of inspections.....	39
Dairy farm inspection.....	39
Abattoir and stock-yard inspection.....	41
Contagious diseases in the District of Columbia.....	42
Tuberculosis.....	42
Hog cholera.....	43
Glanders.....	43
Rabies.....	43

APPENDIX D.

Report of the physician in charge of smallpox hospital.....	45
Table of cases.....	45
Table, classified, by sex, color, etc.....	45
Table, vaccination history.....	45
Successful vaccination after exposure.....	46
Vaccination previous to exposure.....	46
Origin of cases.....	46
Reporting of cases for investigation.....	47
Diagnosis, clinical advantages for.....	47
Case of C. H. (fatal).....	49
Improvements.....	50
Needs.....	50

APPENDIX E.

Work done in general sanitary and food inspection service:	
Food condemned (other than marine products).....	52, 53
Marine products condemned.....	54

APPENDIX F.

Status of legislation relating to public health, etc., in District of Columbia....	55, 56
--	--------

APPENDIX G.

Laws and regulations relating to public health enacted during fiscal year ended June 30, 1902, and opinions of court of appeals relative to smoke law.....	57-77
--	-------

APPENDIX H.

List of physicians entitled to practice in the District of Columbia.....	79-87
--	-------

APPENDIX I.

Vital statistics.....	89
Deaths by squares—	
In Washington.....	202
In Georgetown.....	219
In county.....	221
In alleys.....	222
Tables (vital statistics).....	90-254
General index.....	255

REPORT OF THE HEALTH OFFICER.

WASHINGTON, D. C., *June 30, 1902.*

GENTLEMEN: I have the honor to submit the following statement relative to public health in the District of Columbia and relative to the work of the health department during the year ended June 30, 1902, being the twenty-third annual report of the health department.

VITAL STATISTICS.

POPULATION.

The population of the District of Columbia at the middle of the fiscal year 1901-2, as estimated by the health department, was as follows: White, 198,319; colored, 88,507; total, 286,826. These figures have been used in all computations in this report into which the population of the District of Columbia enters as a factor. An analysis of this estimated population by sex and race, and to a certain extent by age, based on the presumption that the ratios between the various elements of the population and the population as a whole remain as they were when the Federal census was taken in 1900, is shown in the following table:

Analysis of estimated population by color, sex, and age, based on results of Federal census of June, 1900.

	Percentage of population in United States census, June, 1900.	Estimated population December, 1901.
RACE AND SEX.		
White:		
Male.....	48.77	96,720
Female.....	51.23	101,599
Total.....	100.00	198,319
Colored:		
Male.....	44.23	39,147
Female.....	55.77	49,360
Total.....	100.00	88,507
RACE AND AGE.		
Under 5 years old:		
White.....	8.27	16,401
Colored.....	8.28	7,328
Total.....	8.31	23,729
Under 1 year old:		
White.....	1.69	3,352
Colored.....	1.75	1,549
Total.....	1.71	4,901

The following statement shows, by race, the number of deaths and the death rates during the year just ended:

Deaths and death rates, by race, for the year ended June 30, 1902.

Race.	Estimated population.	Deaths.	Death rates.
White	198,319	3,259	16.43
Colored	88,507	2,688	30.37
All	286,826	5,947	20.73

These figures show a decrease since 1900-1901 in the death rate of the population as a whole and of the white and the colored elements of it: In the general death rate, from 21.83 to 20.73; in the death rate for the white population, from 17.82 to 16.43; and in the death rate for the colored population, from 30.73 to 30.37. The death rate for the past year for the population as a whole is below the average annual death rate during the past ten years and does not differ materially from the death rate for any year during that period, except 1897-98, when the death rate was but 19.48. The death rate for the white population is below the corresponding average annual death rate during the past ten years and is lower than any annual death rate during that period, except 1897-98, when the death rate for the white population was but 16.54. There was, however, no material improvement during the year in the death rate for the colored population; this death rate, 30.37, was not only above the corresponding average annual death rate during the past ten years, but has been exceeded in only one year since 1893-94 and then, 1900-1901, the death rate was but slightly higher, 30.73.

The population, number of deaths, and death rates during each of the past ten years are shown in the following table:

Population, deaths, and death rates for ten years ended June 30, 1902, based upon results of police censuses and the Federal census of June, 1900.

Fiscal years.	Population.			Deaths.			Death rate.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
1892-93.....	175,550	85,250	260,800	3,677	2,775	6,452	20.95	32.55	24.74
1893-94.....	179,485	86,115	265,600	3,329	2,710	6,039	18.55	31.47	22.73
1894-95.....	183,516	86,998	270,514	3,114	2,451	5,565	16.97	28.18	20.57
1895-96.....	186,866	87,294	274,160	3,302	2,602	5,904	17.67	29.80	21.53
1896-97.....	188,787	88,176	276,963	3,216	2,521	5,737	17.03	28.59	20.71
1897-98.....	190,048	87,953	278,001	2,973	2,442	5,415	15.64	27.78	19.48
1898-99.....	190,834	87,455	278,289	3,372	2,654	6,026	17.67	30.34	21.65
1899-1900.....	191,619	86,958	278,577	3,325	2,628	5,953	17.35	30.22	21.37
1900-1901.....	192,413	86,467	278,880	3,430	2,657	6,087	17.82	30.73	21.83
1901-1902.....	198,319	88,507	286,826	3,259	2,688	5,947	16.43	30.37	20.73
Total	1,877,437	871,173	2,748,610	32,997	26,128	59,125	17.57	30.00	21.51

Classifying deaths by sex and race we obtain the following results:

Mortality and death rates by sex and race for year ended June 30, 1902.

Sex and race.	Estimated population.	Deaths.	Estimated death rate.
Males:			
White	96,720	1,782	18.42
Colored	39,147	1,368	34.94
Total	135,867	3,150	23.18
Females:			
White	101,599	1,477	14.53
Colored	49,360	1,320	26.74
Total	150,959	2,797	18.53

Arranged in a descending scale according to death rates are, first, colored males; second, colored females; third, white males; and, fourth, white females.

The average age at death of all decedents was 36 years, 1 month, and 1 day. Of white decedents the average age at death was 42 years, 2 months, and 19 days, and of colored decedents 28 years, 7 months, and 24 days. Among both white and colored decedents the average age of females was in excess of the average age of males. All of the averages above referred to are in excess of the corresponding figures for last year except the average age of colored females, which is somewhat lower.

One of the most important factors influencing the average age at death of the community as a whole or of any particular portion of it is the number of deaths occurring in the earlier years of life. The following statement shows the number of deaths which occurred among children in the first year of life and among those in the first five years of life, and the corresponding death rates, calculated on the basis of the estimated juvenile population. As these death rates are based on an estimated population they can be considered at best but approximate, but it is certain from these figures that the death rate of the colored race in the earlier years of life is appalling.

Mortality and death rates among children under 1 and under 5 years of age, during the year ended June 30, 1902.

Race.	Under 1 year.			Under 5 years.		
	Estimated population.	Deaths.	Estimated death rate per 1,000.	Estimated population.	Deaths.	Estimated death rate per 1,000.
White	3,319	548	165.1	16,321	730	44.7
Colored	1,552	690	444.6	7,486	922	123.2
All	4,871	1,238	393.4	23,807	1,652	66.6

The excessive death rate among colored children does not account altogether for the difference between the average ages at death of the two races, for a corresponding difference is noticeable when we determine the average ages of such decedents alone as have passed the fifth year of life. The balance remains in favor of the white race until the ninetieth year has been reached. Then it shifts in favor of the colored. Twenty-five white decedents and 29 colored decedents were reported as

90 years of age and over, and 1 white decedent and 6 colored were reported as 100 and more years of age. The most plausible explanation of this anomalous condition is that the age records of the older colored people are unreliable, to a certain extent, because of the circumstances surrounding their birth and education.

The death rates among children under 1 and under 5 years of age are particularly important. Deaths among children are apt to be due to local causes, such as bad food, improper housing, defective clothing, and ignorance and poverty on the part of parents; they are not so likely to be influenced by factors such as occupation, variations in the age composition of the community, accumulation of invalids from other places in local institutions, etc., which play a more or less important part in modifying the death rate of adults and which yet have no relation to the general sanitary condition of the locality. Notwithstanding the increased population the number of deaths which occurred in this District during the year among children under 1 year of age was less than the number of corresponding deaths which occurred during any one of the past ten years. This decrease was due to a decrease in the number of deaths during this period of life in both the white and the colored population. A corresponding improvement appears in the entire population under 5 years of age.

Season plays an important part in modifying the infantile death rate, as is shown by the following statement:

Average daily mortality, by months, arranged with reference to age of decedents, during fiscal year ended June 30, 1902.

	Under 1 year.			Over 1 and under 5 years.			Five years and over.			All ages.		
	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.	White.	Colored.	Total.
1901.												
July.....	3.65	4.52	8.17	0.77	0.94	1.71	8.16	5.42	13.58	12.58	10.87	23.45
August.....	1.45	2.00	3.45	.52	.74	1.26	5.74	4.74	10.48	7.71	7.48	15.19
September.....	1.46	1.73	3.19	.63	.43	1.06	6.17	4.63	10.80	8.27	6.80	15.07
October.....	1.77	1.71	3.48	.33	.74	1.07	6.35	4.42	10.77	8.45	6.87	15.32
November.....	.93	1.07	2.00	.64	.60	1.24	6.43	4.64	11.07	8.00	6.30	14.30
December.....	1.26	1.22	2.48	.33	.48	.81	6.94	4.48	11.42	8.51	6.19	14.70
1902.												
January.....	1.22	1.51	2.73	.52	.71	1.23	7.06	6.03	13.09	8.81	8.26	17.07
February.....	1.28	1.53	2.81	.39	.57	.96	7.67	4.54	12.21	9.36	6.64	16.00
March.....	1.09	1.00	2.09	.39	.55	.94	7.87	4.16	12.03	9.35	5.71	15.06
April.....	.83	1.97	2.80	.47	.77	1.24	7.86	5.87	13.73	9.17	8.60	17.77
May.....	.83	1.29	2.12	.32	.68	1.00	6.74	4.81	11.55	7.90	6.77	14.67
June.....	2.16	3.10	5.26	.50	.60	1.10	6.37	4.10	10.47	9.03	7.80	16.83
Entire year..	1.50	1.89	3.39	.48	.65	1.13	6.94	4.82	11.76	8.93	7.36	16.29

The increase in the average daily number of deaths during warm weather is due almost altogether to the increase in the number of deaths of children less than 1 year old. The daily mortality among persons 5 years of age and over has been greater during the past year in the winter and early spring than during the heated season. The only exception to this statement has reference to the average daily mortality during the month of July in the adult population, which was, however, due to unusual conditions prevailing during the early part of

that month, which resulted in an excessive number of deaths from sunstroke.

The usual increase in the number of deaths during July, due largely to diarrheal diseases, was augmented during the past year by an unusual number of deaths from sunstroke. Diseases of the respiratory system, chiefly pneumonia, were responsible for the increase in the death rate during the winter and spring months. Information as to the number of deaths which occurred each day, a general statement as to the character of such deaths, and a statement of the prevailing meteorological conditions appear in the appendix. A statement showing the distribution of mortality by squares and by suburban settlements is appended. Unfortunately, it is impossible to append a statement showing the corresponding distribution of population.

Analyzing the mortality with reference to the character of the diseases responsible for it we find the following conditions:

Deaths, by classes of disease, arranged by sex and race, during the year ended June 30, 1902.

Cause of death.	Deaths.						Total.
	White.		Colored.		White.	Colored.	
	M.	F.	M.	F.			
I. General diseases	480	478	365	420	958	785	1,743
II. Diseases of the nervous system ..	220	138	118	96	358	214	572
III. Diseases of the circulatory system	168	117	123	122	285	245	530
IV. Diseases of the respiratory system ..	196	199	235	191	395	426	821
V. Diseases of the digestive system ..	208	182	186	157	390	343	733
VI. Diseases of the genito-urinary system ..	143	107	85	99	250	184	434
VII. Puerperal condition		29		43	29	43	72
VIII. Diseases of the skin and cellular tissue ..	9	3	9	6	12	15	27
IX. Diseases of the organs of locomotion ..	4	3	9	8	7	17	24
X. Malnutrition	6	6	2	3	12	5	17
XI. Infancy	135	96	121	97	231	218	449
XII. Old age	56	68	32	38	124	70	194
XIII. Violence	157	49	78	38	206	116	322
XIV. Unclassified		2	5	2	2	7	9
Total	1,782	1,477	1,368	1,320	3,259	2,688	5,947

The diseases which have shown the greatest variations in the number of deaths during the past two years are as follows:

Statement showing increases and decreases in the number of deaths in the District of Columbia, from certain specified diseases, during the years 1900-1901 and 1901-1902.

Disease.	1900-1901.	1901-1902.	Increase.	Decrease.
Arterio-sclerosis	19	35	16	.....
Atelectasis	11	21	10	.....
Bright's disease	51	60	9	.....
Cancer of stomach	32	49	17	.....
Chronic nephritis	200	219	19	.....
Congenital hydrocephalus		7	7	.....
Cystitis	13	19	6	.....
Deaths due to street-railway accidents ..	3	10	7	.....
Deaths due to falls	12	29	17	.....
Diarrhea and enteritis (2 years and over) ..	73	92	19	.....
Funis presentation		5	5	.....
Gangrene of the lungs		8	7	.....
Gastritis	59	77	18	.....
Indigestion	19	28	9	.....

Statement showing increases and decreases in the number of deaths in the District of Columbia, from certain specified diseases, etc.—Continued.

Disease.	1900-1901.	1901-1902.	Increase.	Decrease.
Pneumonia	497	524	27	.....
Premature birth	148	183	35	.....
Puerperal eclampsia	13	23	10	.....
Pulmonary congestion	55	83	28	.....
Scarlatina	7	15	8	.....
Stroke	51	103	52	.....
Typhoid fever	193	206	13	.....
Whooping cough	74	99	25	.....
Alcoholism	23	12	.....	11
Alcoholism, delirium tremens	11	3	.....	8
Burns and scalds	27	14	.....	13
Cerebral congestion	37	14	.....	23
Cerebral hemorrhage	269	242	.....	27
Cerebral softening	27	14	.....	13
Convulsions of children	93	46	.....	47
Erysipelas	19	8	.....	11
General paralysis	12	6	.....	6
Grippe	181	67	.....	114
Measles	17	8	.....	9
Meningitis	107	71	.....	36
Scirrhous gangrene	21	10	.....	11
Trismus nascentium	23	15	.....	8
Tuberculosis	933	817	.....	116
Uræmia	24	16	.....	8

The number of deaths from typhoid fever during the year was larger not only than the number of deaths during the year preceding, but was considerably above the average number of deaths per annum during the past decade. In only one year during that period has the figure for the past twelve months been exceeded.

Deaths from measles decreased, but fatal cases of whooping cough and of broncho pneumonia increased. The mortality from whooping cough, 99, exceeded that charged against any other year during the past decade. The average during that period was but 58.1.

Deaths from grippe fell from 181 to 67. It is probable that this decrease is closely associated with the decrease in the number of deaths from pulmonary tuberculosis from 933 to 817. It is possible, however, that the apparent decrease in the number of deaths from tuberculosis is explained in part by the increase in the number of deaths charged against pneumonia and pulmonary congestion.

Deaths from malignant tumors during the past year exceeded the deaths from the same cause during any one of the past ten years. The average number of deaths per annum during the decade was 166.7; the number which occurred during the past year was 211. The only figures which in any way approach those for last year are the figures for the two years immediately preceding, prior to which the largest number of deaths recorded from malignant tumors in any one year of the decade was but 177. The cause for this increase in the number of malignant tumors is, of course, unknown.

The records show a general decrease in deaths due to diseases of the brain. Fatal cases of meningitis fell from 107 to 71; from cerebral congestion, from 37 to 14; from cerebral hemorrhage, from 269 to 242; from cerebral softening, from 27 to 14; and from general paralysis, from 12 to 6. Deaths of children, due to convulsions, decreased from 93 to 46, and those due to lockjaw of infants fell from 23 to 15.

Deaths due to inflammation of the stomach apparently increased. Whether this increase is or is not related to the apparent decrease in the number of deaths from alcoholism and delirium tremens is an open

question. The number of deaths from diarrhea and inflammation of the bowels was, too, largely in excess of the average number of deaths from the same causes during recent years. The average number of deaths per annum from these causes during the past decade, among children under 2 years of age, has been 326.2; the number of deaths recorded last year was 358. Among persons 2 years of age and older the average number of deaths annually has been 49.5; the number recorded during the past year was 83. Dysentery, however, which is technically classed apart from other inflammations of the bowels, showed a decrease both among infants and among older people.

Malarial fever in a fatal form was less prevalent last year than during any other recent period. The number of deaths recorded from this disease was 35. The average per annum during the past decade was 56.6.

Bright's disease and inflammation of the kidneys were responsible for 346 deaths, being the largest recent annual mortality from these causes. The average number of deaths per annum during the past decade has been 255. If puerperal eclampsia be classed with diseases involving defect of renal function not occurring during gestation, the increase in the prevalence of such diseases is even more marked. The number of deaths from puerperal eclampsia recorded in 1900-1901 was 13; the number recorded during the past year was 33. Cystitis, too, shows an increase in the number of fatal cases, from 13 to 19. The number of deaths recorded against arterio-sclerosis during the past year numbered 35; during the preceding year, 23. The largest number recorded during any one of the eight remaining years of the decade was 7 and the average per annum during the entire decade was but 7.6. The past year has shown, also, a larger number of deaths recorded from diabetes than any recent period; 26 deaths from this disease were recorded last year, 25 during the year preceding, and 24 in 1898-99. The largest number recorded in any of the seven remaining years was 17 and the average number of deaths per annum during the decade from diabetes was 17.5. What the causes of the increased prevalence of the diseases mentioned in this paragraph are it is impossible to determine, and in the light of present knowledge little or nothing can be done by the State for their prevention.

The increase in the number of deaths incident to causes prevailing during the earliest periods of life is worthy of observation, although the causes are inexplicable. During the past year 7 deaths were recorded as due to hydrocephalus; in the preceding year there were none. In the past year 21 deaths were recorded as due to atelectasis; in the preceding year but 11. During the past year 5 deaths were recorded as due to prolapse of the umbilical cord during delivery; in the preceding year none. And, finally, 183 deaths were recorded as due simply to premature birth, while during the preceding year but 148 were charged to this cause. There was an increase, therefore, in deaths from these four causes, taken together, of 35.85 per cent.

The past year has shown a larger number of deaths from street railway accidents, 10, than occurred during any other recent year. The average annual number of deaths from this cause during the past decade has been 7.3. Steam railroads were responsible for 19 deaths, a number slightly in excess of the average for the past ten years, 17.5.

Fatal burns and scalds were much less frequent than during the preceding year, the recorded deaths having decreased from 27 to 14.

The excessive mortality from sunstroke was due to the excessive heat which prevailed during the very beginning of the year. One hundred and three deaths were recorded as due to this cause alone, being approximately twice as many as were recorded during the year before.

Deaths from suicides, 30 in all, were less frequent than usual. The average number of deaths from this cause during the past ten years has been 36.8.

In view of the fact that a large portion of the population of the District is of African descent and that these people, taken as a whole, have continuously presented a death rate in excess of the death rate of the white race, the following statement is presented to show the diseases chiefly responsible for the excessive mortality among the colored portion of the community:

Statement showing the relative incidence of certain specified diseases on the white and colored races.

Disease.	Deaths.		Death rate.		Ratio between death rates (white to colored).
	White.	Colored.	White.	Colored.	
Typhoid fever.....	123	83	0.062	0.937	1 to 1.51
Intermittent and remittent fevers and malarial cachexia.....	20	15	.101	.265	1 to 1.63
Whooping cough.....	40	59	.217	.666	1 to 3.07
Dysentery.....	15	18	.075	.201	1 to 2.72
Tuberculosis of lungs.....	322	399	1.634	4.508	1 to 2.75
Abdominal tuberculosis.....	17	17	.085	.193	1 to 2.27
Generalized tuberculosis.....	7	11	.036	.123	1 to 3.42
Hereditary syphilis.....	7	10	.036	.113	1 to 3.14
Rheumatism.....	23	17	.118	.193	1 to 1.63
Alcoholism and delirium tremens.....	14	1	.071	.011	1 to .15
Cerebral hemorrhage.....	152	90	.767	1.017	1 to 1.33
Convulsions of children.....	15	31	.076	.353	1 to 4.64
Pericarditis, endocarditis, and myocarditis.....	35	28	.176	.318	1 to 1.81
Valvular heart disease.....	182	185	.918	2.090	1 to 2.27
Acute bronchitis.....	26	58	.131	.658	1 to 5.02
Broncho-pneumonia.....	31	45	.157	.508	1 to 3.23
Pneumonia.....	206	242	1.038	2.733	1 to 2.63
Pulmonary hemorrhage.....	4	12	.020	.136	1 to 6.80
Diarrhœa and enteritis (under 2 years).....	141	223	.732	2.492	1 to 3.40
Cirrhosis of liver.....	22	2	.111	.022	1 to .20
Nephritis:					
Acute.....	19	29	.097	.329	1 to 3.39
Chronic.....	135	84	.681	.955	1 to 1.40
Bright's disease.....	39	21	.197	.234	1 to 1.19
Puerperal septicæmia.....	6	12	.030	.136	1 to 4.20
Puerperal peritonitis.....	3	2	.015	.022	1 to 1.46
Puerperal eclampsia.....	19	13	.047	.147	1 to 3.13
Abscess.....	2	8	.010	.089	1 to 8.90
Rickets.....	1	13	.005	.145	1 to 29.00
Congenital debility.....	15	17	.075	.188	1 to 2.51
Malnutrition and marasmus.....	73	73	.369	.828	1 to 2.24
Premature births.....	91	92	.459	1.039	1 to 2.26
Senility.....	110	68	.553	.768	1 to 1.39
Suicides.....	26	4	.132	.033	1 to .25
Accidents.....	112	58	.565	.628	1 to 1.11

With three exceptions, the ratios given above weigh heavily against the colored race. The mortality tables show, of course, many special death rates among whites which are in excess of the corresponding figures for colored people. The diseases upon which such death rates are based are, however, generally those from which few deaths occurred, in many cases but one or two, so that no fair conclusions can be drawn as to the greater susceptibility of white people.

The excessive mortality of the colored race begins with earliest

infancy; the ratio between the death rates for white and for colored from premature births is as 1 to 2.26. The corresponding ratio from congenital debility is as 1 to 2.51; from malnutrition and marasmus, as 1 to 2.24; and from rickets, as 1 to 29. Childbearing is fraught, too, with peculiar dangers to colored women. The ratio between the death rates for white and for colored from puerperal eclampsia is as 1 to 3.13; from puerperal peritonitis, as 1 to 1.46; and from puerperal septicæmia, as 1 to 4.20. Disorders of the bowels among white children under 2 years of age caused a death rate which compared with the corresponding death rate among colored children as 1 to 3.40. The relative incidence of fatal cases of convulsions of children on the white and colored races is as 1 to 4.64. The relative incidence of hereditary syphilis is as 1 to 3.14.

Deaths from whooping cough were relatively somewhat less than one-third as frequent among white persons as among colored, and the death rates from broncho-pneumonia in the two races, taken in the order just mentioned, were as 1 to 3.23. The ratio between the death rates of the white and colored races from acute bronchitis is as 1 to 5.02; from pneumonia, as 1 to 2.63; from generalized tuberculosis, as 1 to 3.42; from tuberculosis of the lungs, as 1 to 2.72; and from abdominal tuberculosis, as 1 to 2.27. Deaths from rheumatism were more frequent among colored people, in the proportion of 1 to 1.63. Inflammations of the heart, terminating fatally, were, when considered in connection with the population, nearly twice as prevalent among colored people as among whites and the death rate from valvular heart disease in the white race compares with the death rate from the same cause among the colored people as 1 to 2.27. Fatal cases of inflammations of the kidneys were relatively more prevalent among our colored population. The death rate from typhoid fever among white people is to the death rate from the same disease among the colored as 1 to 1.51. The corresponding figures for malarial diseases are 1 to 1.63. Fatal accidents have, during the past year, been relatively more frequent in the colored race, the ratio being 1 to 1.11. The ratio of deaths from suicide is, however, reversed; deaths from this cause among white people, compared with corresponding similar deaths among colored, is as 1 to 0.25. It may be said even that relatively more colored people than white people die from old age, but a possible explanation of this anomaly has been given elsewhere.

The white race appears to have been during the past year more prone to deaths from alcoholism than were the colored people. The death rate from alcoholism and delirium tremens among white persons compared with the death rate from the same causes among colored as 1 to 0.15. The death rate among whites from cirrhosis of the liver, commonly regarded as an outcome of the continuous use of alcoholic liquors, compared with the death rate of the colored race from the same cause, as 1 to 0.20.

One curiously inclined might take the foregoing figures and others similar thereto and determine with more or less accuracy what the death rate in the District of Columbia would have been if the colored population were in part or in whole replaced by white people. The suggestions which have been made from time to time that the supposedly high death rate in the District of Columbia, when compared with the death rates of other cities, is due to the presence of a large colored population suggests, too, that such a computation might give results

of value, inasmuch as it would enable a comparison to be made between the death rates referred to fairer than is otherwise possible.

The health department finds, however, no sufficient basis for the belief that the presence of a large number of people in the District of Columbia who are of African descent is of itself a sufficient cause for a high death rate. The colored population of this District represents to a large extent those engaged in severe manual labor, often under conditions involving undue exertion and great exposure to inclement weather. It represents, too, that portion of the community most ignorant of the laws of hygiene and least able by reason of poverty and ignorance to live in accordance with such laws. This is true not only of the present generation, but of its ancestors. It is believed that the high death rate among our colored people, while possibly due in part to the comparatively recent transplantation of the race to this country, is due largely to defects of constitution produced by long-continued insanitary living and by attacks on such susceptible constitutions by insanitary living at the present time. There is a certain portion of every community subject to the operations of these same causes. The poor and ignorant laboring class in the District of Columbia happens to be more or less distinctly marked out along race lines and its death rate is, therefore, separately determined.

The poor and ignorant laboring class elsewhere is usually not of a peculiar race and the mortality in it is not definitely known. Until comparisons have been made between these similar classes of different communities, determined by other than race lines, it seems hardly proper to charge our Afro-Americans, as such, with the responsibility for an undue mortality. It is unwise, too, to conclude that the death rate of the District of Columbia is relatively high solely because of the presence of a large number of colored people in the community. On the other hand, the best interests of the community demand that the most active measures possible be adopted to remove such conditions as are responsible for any undue mortality existing among our poor people as a class, whether white or colored; such conditions, for instance, as improper housing, lack of facilities for personal cleanliness, and general ignorance of sanitary laws.

RETURNS OF BIRTHS.

The total number of births reported during the past year was 4,761. The average number reported annually during the past ten years has been 4,697. The number of births reported in the white population was 2,904, and in the colored 1,857. The corresponding averages were 28.09 and 18.89. Of the births reported among the whites 111 were illegitimate, and of those reported among the colored, 468.

RETURNS OF STILLBIRTHS.

The total number of stillbirths reported was 581—among the whites 172, and among the colored 373, and of unknown race 36. The class last mentioned represents stillborn children delivered in the earlier months of gestation, whose remains are found on street corners and other similar places—cases which come under the cognizance of the coroner.

RETURNS OF MARRIAGES.

The regulation requiring marriages to be reported to the health department was repealed by an order of the Commissioners on January 8, 1902. Up to that time 838 marriages had been reported among white people and 374 among colored.

The recommendation repeatedly made by this department that marriage licenses be issued to ministers designated by name instead of "to any minister of the gospel authorized to solemnize marriages," having been enacted in the recent amendment to the code of laws in this District, the record of marriages in the office of the clerk of the supreme court of the District should hereafter be complete.

RECORDS AND TRANSCRIPTS.

Five hundred and seventy-nine transcripts from the records of births, deaths, and marriages have been issued during the year. Of these, 13 were furnished without fee, as follows:

State Department	1
War Department	2
Pension Bureau	9
Police department of the District of Columbia	1

The fees paid for the remaining transcripts amounted to \$283.

OFFICIAL REGISTERS.

Under authority of the act regulating the practice of medicine, 52 physicians registered during the year. Forty-five had licenses issued by the board of medical supervisors after examination, and 7 licenses issued on the basis of registration at the health office prior to the enactment of the law which now regulates the practice of medicine. So far as is known to the health department, 14 physicians whose names appeared on its register died during the year, and the total number now legally qualified to practice in this District is, as nearly as can be determined, 1,178.

Under authority of the medical practice act, 4 midwives registered, 3 licensed by the board of medical supervisors after examination, and 1 licensed by the same board by virtue of prior registration at the health department. The total number of licensed midwives was, at the end of the year, 134.

Thirty-two dentists registered on the basis of certificates issued by the board of dental examiners, under authority of the act regulating the practice of dentistry. The official register of dentists now contains 458 names.

Five undertakers have registered during the year, making the total number of names appearing under the register of undertakers 130.

PRIVATE HOSPITALS.

The records of the health department show no change either in the number, character, or location of the private hospitals in this District.

Distribution of cadavers under anatomical act of February 26, 1895, between July 1, 1901, and April 29, 1902—Continued.

	Number of students.			Percentage.	1901.								
					July.			September.			October.		
	Medical.	Dental.	Total.		Good.	Posted.	Infants.	Good.	Posted.	Infants.	Good.	Posted.	Infants.
To—													
Army Medical School	57	....	57	7.00	..	..	..	1	..	..	..	1	..
Columbian University	273	79	352	43.18	1	..	..	2	1	..	2	1	..
Georgetown University	120	28	148	18.15	..	..	..	2	1	..	1	1	..
Howard University	156	37	193	23.67	..	..	..	..	..	..	2	1	..
National University	35	30	65	8.00	..	..	..	..	..	1	..	1	..
Total	641	174	815	100.00	1	..	..	5	2	..	4	1	..

	1902.								
	January.			February.			March.		
	Good.	Posted.	Infants.	Good.	Posted.	Infants.	Good.	Posted.	Infants.
To—									
Army Medical School .....	..	..	..	..	..	..	..	1	..
Columbian University	4	..	..	5	..	..	1	..	..
Georgetown University	1	..	..	1	1	..	1	..	..
Howard University	1	1	..	2	..	..	2	..	..
National University	1	..	..	..	..	..	..	..	..
Total	7	1	..	8	1	..	3	1	..

CONTAGIOUS DISEASES.

SCARLET FEVER.

The decrease in the prevalence of scarlet fever noted in previous reports continued during the past year; at no time since 1896-97 have so few cases been reported. The white race was the chief sufferer from this disease. The records of the health department show that 344 persons suffered from scarlet fever during the year, of whom 320 were white and 24 colored. With the decreased prevalence, however, there was an increased severity, the percentage of fatal cases being greater than at any time since 1893-94. Data showing the relative prevalence and severity of scarlet fever in the District of Columbia during the past nine years appear in the following table:

Statement showing the prevalence and severity of scarlet fever during the nine fiscal years ended June 30, 1902.

Years.	Ratio per thousand of population.			Percentage of fatal cases.		
	White.	Colored.	Total.	White.	Colored.	Total.
1893-94	1.22	0.17	0.88	6.25	.....	5.85
1894-95	2.03	.51	1.55	3.66	4.44	3.74
1895-96	1.49	.28	1.11	3.56	12.00	4.24
1896-97 .....	.78	.14	.57	.67	.....	.62
1897-98	2.13	.38	1.57	2.72	5.88	2.97
1898-99	4.48	1.17	3.46	2.13	1.92	2.11
1899-1900	4.38	.65	3.21	2.15	8.77	2.57
1900-1901	2.37	.36	1.75	1.53	.....	1.43
1901-2	1.61	.27	1.19	4.06	8.33	4.36

Of the reported cases of scarlet fever, 39, or 11.33 per cent, were treated in the isolation wards at Providence and at Garfield Memorial hospitals.

DIPHTHERIA.

Diphtheria has been less prevalent during the year than at any time since 1895-96, the cases reported numbering but 598. This disease has been, as usual, more prevalent in the white population, as appears from the table below. Of the reported cases of diphtheria, 85, or 14.21 per cent, terminated fatally, representing an increase of 2.37 per cent since 1900-1901, but yet remaining considerably below the corresponding figure for any previous year. The danger of death from this disease, when it once exists, appears to be considerably greater among colored persons than among white. During the year, however, the fatality of the disease among colored people appears to have been less than at any previous time, although its fatality among the whites is considerably in excess of its fatality during the preceding year. The relative prevalence and severity of diphtheria during the past nine years is shown in the following table:

Statement showing the prevalence and severity of diphtheria during the nine fiscal years ended June 30, 1902.

Years.	Ratio per thousand of population.			Percentage of fatal cases.		
	White.	Colored.	Total.	White.	Colored.	Total.
1893-94.....	1.40	2.00	1.60	43.41	34.48	39.81
1894-95.....	1.58	1.33	1.50	30.84	28.20	30.09
1895-96.....	1.52	.45	1.19	23.07	25.00	23.31
1896-97.....	2.61	1.42	2.23	15.79	25.39	17.74
1897-98.....	2.61	2.33	2.52	13.56	31.06	18.71
1898-99.....	3.80	3.41	3.68	14.30	21.71	16.43
1899-1900.....	4.70	2.41	3.91	16.00	25.10	17.76
1900-1901.....	2.88	1.39	2.42	9.93	20.66	11.85
1901-2.....	2.41	1.34	2.08	12.73	20.17	14.21

Of the reported cases of diphtheria 145, or 24.25 per cent, were treated in the isolating wards connected with the hospitals mentioned above. The isolation ward at Garfield Memorial Hospital provided, moreover, temporary accommodations pending diagnosis for 9 persons suspected of having diphtheria.

The total number of cultures examined in connection with the diphtheria service during the past year was 2,360. Nine hundred and forty-two were primary cultures, submitted by attending physicians in order to assist in the diagnosis of doubtful cases, and of these 347, or 36.73 per cent, showed diphtheria bacilli.

DISINFECTION SERVICE.

Routine work in the disinfection service in connection with scarlet fever and diphtheria has been continued during the past year. A special effort has been made, too, to secure the disinfection of premises which have been occupied by consumptives. The entire number of premises disinfected in whole or in part was 879. The number of articles removed to the municipal disinfecting station for treatment was 5,460.

ISOLATION WARDS.

The isolation wards connected with Garfield Memorial Hospital have accommodated during the past year 204 patients suffering from minor contagious diseases, chiefly diphtheria. One hundred and seventy-three patients were treated wholly at public expense; the remaining 31 were able to pay more or less toward defraying the cost of treatment. In the isolation ward connected with Providence Hospital 39 cases of minor contagious diseases, chiefly scarlet fever, have been cared for. Thirty were treated at public expense and 9 paid in whole or in part for their accommodations. The total appropriation for the maintenance of the isolation wards connected with Garfield Memorial Hospital during the year was \$6,000. The cost per patient per day for such patients as were treated at public expense was, therefore, \$2.23. The appropriation for the isolation ward at Providence Hospital was \$4,000, and the cost per patient per day for free patients was \$3.44. No fair comparison can be drawn between the relative economy of administration of the two institutions from the above figures because of the various expenses of maintenance which remain the same whether the patients under treatment be many or few, so that the cost per patient per day in any case is bound to be greater if only a small number of patients be treated than if the number of patients under treatment be increased.

TYPHOID FEVER.

On February 4, 1902, an act was passed to require cases of typhoid fever occurring in the District of Columbia to be reported to the health department. Circular letters were promptly prepared and mailed to the address of each registered physician notifying him of the enactment of this law and inclosing such blanks as were necessary to enable him to comply therewith. It is certain, however, that some, probably many, cases of this disease were not reported in the period immediately following the enactment of the law and that no fair conclusions as to the prevalence or severity of the disease can be drawn from the reports that were then made. At the close of the year, however, it is believed that the requirements of this statute are generally understood and that the returns made hereafter will represent with a reasonable degree of accuracy the actual number of cases of typhoid fever under treatment.

The investigations as to the origin of such cases as were reported prior to June 30, 1902, have yielded no information worthy of record.

Further details relative to scarlet fever, diphtheria, and typhoid fever, the disinfection service, and the isolation wards for minor contagious diseases appear in the report of the medical sanitary inspector, printed at length in the appendix.

SMALLPOX.

The smallpox hospital has been open at intervals during the entire period covered by this report. At the beginning of the year one patient was under treatment and 39 cases have been admitted since that time. Of these cases, 39 were discharged cured and died, leaving the hospital closed at the end of the year. Some of these cases originated through infection in this jurisdiction but some con

tracted the disease elsewhere and either first manifested symptoms after coming into this jurisdiction or entered while such symptoms were present. Willful and negligent disregard by persons suffering from smallpox or by persons who have been exposed to that disease have here, as elsewhere, had less to do with the spread of smallpox than has failure to recognize the nature of the disease. This is not to be wondered at in view of the almost entire absence of smallpox for so many years. Diagnosis has been uncertain in many cases, even in the hand of physicians, because very many physicians have had no opportunity to see the disease. In order that this condition might be done away with as far as practicable the health department has offered to physicians and to medical students about to graduate opportunities of seeing cases of smallpox in the smallpox hospital under suitable restrictions. Such opportunities have, however, been almost entirely neglected.

In the intervals during the past year when no patients have been under treatment the smallpox hospital has been renovated throughout. The general condition of the institution is now satisfactory. The existing stable should, however, be replaced by a proper structure, and convenience of administration would be aided by providing a suitable mortuary for use should occasion arise.

Attention is again invited to the need for proper accommodations for the isolation of persons who have been exposed to smallpox or who are suffering from symptoms resembling that disease, pending the development of such symptoms, that will permit a definite diagnosis or pending the expiration of the ordinary incubation period of smallpox. The facilities which exist at the quarantine station for the accommodation of such cases are not adapted to their present use and should be replaced by suitable accommodations as soon as practicable.

TUBERCULOSIS.

During the past year the health department has prepared for general distribution a circular relative to the prevention of the spread of consumption. In order to secure, if possible, the disinfection of premises which have been occupied by consumptives the department now sends to each physician who certifies to a death from consumption a letter suggesting the advisability of disinfecting the apartment in which such death occurred, and offering to do such work if properly authorized. Incidentally the department offers to disinfect any apartment which has been vacated by a consumptive.

The future limitation of tuberculosis will depend largely on the education of the public relative to the methods by which this disease is disseminated. Regulations restricting expectoration accomplish something toward such education even aside from their value in relieving the public from that which is certainly objectionable from the standpoint of cleanliness, and which is, to a certain extent at least, dangerous. The health department renews the recommendation heretofore made for the promulgation of a regulation forbidding expectorating on paved sidewalks and footpaths in this district. The department believes that great ultimate good can be accomplished through the education of school children relative to the spread of tuberculosis and of other communicable diseases, and recommends that the Commissioners bring the matter to the attention of the board of education with a view to securing this result.

CONTAGIOUS DISEASES AMONG ANIMALS.

Thirteen cases of rabies are known to have occurred among dogs during the past year, all verified by inoculation tests. One woman died from rabies following the bite of a dog which was never captured, and which, therefore, owing to the absence of inoculation tests, is not included in the number mentioned above.

There were two outbreaks of hog cholera, each limited to a single farm.

Tuberculosis, of course, continues to prevail among dairy cattle as usual.

There is no record of the occurrence of any case of glanders, although doubtless some such cases have existed.

PERMITS TO OBSTRUCT TRAVEL.

Since the discontinuance of the issue of permits to rope off streets for the purpose of securing quiet for persons seriously ill, the practice has sprung up of permitting the exhibition of signs requesting in the name of the Commissioners that passers-by make as little noise as practicable. The exhibition of these signs is not open to such serious objection as was the barricade of thoroughfares by ropes. The custom is liable, however, to lead to abuse, as there are no effective means of determining in any impartial way the necessity for such interference with the rights of the public. On the whole, however, the existing method of attempting to diminish noise is better than that which formerly prevailed, and possibly the occasional inconvenience to which the public will be unnecessarily subjected by the needless exhibition of such signs will be more than offset by the peace of mind which such signs afford to the families of the patient, even when they do not accomplish anything toward the relief of the patient himself.

CHEMICAL LABORATORY.

Through the additional inspectors provided for in the appropriation for the past year, and through the special appropriation made for the enforcement of the laws relating to the manufacture and sale of adulterated foods and for the support of the chemical laboratory, the volume of work done in the chemical laboratory has been greater during the past twelve months than at any other time in the history of the department. The total number of samples analyzed was 5,696. During the preceding year it was but 1,206. Four thousand seven hundred and thirty-seven samples of milk and 334 samples of cream were analyzed during the past twelve months while during the year preceding but 776 samples of the former and 59 samples of the latter were tested. The analyses made by the chemical laboratory included 4 for the police department and 2 for the coroner, all designed to assist in the detection of crime.

As the result of analyses, 320 cases were referred to the city solicitor for prosecution in the police court. Eighty-six cases have been tried during the year and convictions secured in 78 instances. The fines imposed amounted to \$470, and the collaterals forfeited, \$1,120. These figures are merely approximate. Within the past year, for the first time, action has been taken to require the proper labeling of

extracts, etc. As this work is only fairly under way at the close of the year, a definite statement as to the results accomplished can not be made.

Further information relative to the work done in the chemical laboratory appears in the report of the chemist, in the appendix.

SANITARY AND FOOD INSPECTION.

The tables which have usually appeared in the body of this report, showing the number and character of nuisances which have been abated at the instance of the health department and the quantity and variety of food, including marine products, which have been condemned, are this year transferred to the appendix, and will hereafter be published in that portion of the annual report of the health officer.

The order of the Commissioners of January 2, 1902, amending the ordinance of the late board of health of the District of Columbia entitled "an ordinance to prevent the sale of unwholesome food in the cities of Washington and Georgetown," so as to extend its provisions to the entire District of Columbia, has afforded an additional safeguard to public health. The same may be said of the other amendment effected by the same order, requiring the removal of the hides and hoofs from carcasses of lambs before sale.

The amendment of the ordinance just mentioned, by which the distribution of samples of medicine, etc., in doorways has been forbidden, diminishes the danger of cases of accidental poisoning of greater or less severity liable to result by samples of this sort finding their way into the hands of children.

Live-stock inspection.—The difficulty of satisfactorily inspecting live stock intended for slaughter, which was referred to in the last report, has not diminished during the past year, but the health department has been better able to meet the situation owing to the increase in the number of veterinary surgeons connected with the department. The inspection of live stock is now beginning to approach a fairly satisfactory basis, although much remains to be done.

Inspection of dairy farms and dairy products.—The following statement shows the number of applications for licenses to engage in the milk business received during the year, and the action thereon, and the total number of outstanding permits for the maintenance of dairies and of dairy farms, and for the importation of milk into the District of Columbia:

Action taken on applications for licenses to engage in milk business during year ended June 30, 1902, and status of licenses issued since March 2, 1895.

	Applications from July 1, 1901, to June 30, 1902.				Status of permits issued from Mar. 2, 1895, to June 30, 1902.		
	Granted.	Refused.	Not acted upon.	Total.	Granted.	Surrendered or canceled.	In force.
To maintain dairies	44		1	67	945	581	364
To maintain dairy farms	12	22	7	19	294	182	112
To bring milk into the District of Columbia	149	31	26	206	1,038	253	785

The additional inspectors, whose services became available on July 1 last, for the enforcement of the milk and pure-food laws, and the

special appropriation made April 7, 1902, to provide for the expense of their enforcement, have done much toward establishing the inspection of dairies and dairy farms and the control of the food supply on a satisfactory basis. One of the inspectors referred to is stationed permanently at Leesburg, Va., from which place he inspects the dairy farms in that region. The remaining three inspectors have been employed in the District, one devoting his entire time to the inspection of dairies, another to the collection of samples of milk, etc., and the third assisting in the analyses of such samples as have been procured. Especially valuable has been the appropriation of \$100 to enable the department to secure special services in connection with the enforcement of the milk and pure-food laws, as needed. This appropriation has rendered it possible to procure samples in suitable cases under the identical conditions surrounding the purchase of similar articles by citizens and rendered it impossible to sell one grade of goods to inspectors of the health department and another to customers.

It is greatly to be regretted that the efforts of the department to secure certain needed amendments to the law regulating the sale of milk were unsuccessful. The increased inspection force will, to a certain extent, offset defects in existing law, but can not do so altogether.

Further data relative to the inspection of dairies and dairy farms and the collection and analysis of samples of foods are contained in the report of the inspector of live stock and dairy farms and the report of the chemist, printed in the appendix.

Smoke inspection.—From the beginning of the year until the latter part of December the enforcement of the act for the prevention of smoke was made a part of the duty of the regular sanitary inspectors of the department. About the end of this period, however, complaints of violations of this law were so numerous and of such a character as to lead to the detail of two inspectors for the sole purpose of securing general compliance with the act. Through the efforts of these inspectors and with the active cooperation of the corporation counsel and his assistants, the volume of dense black and gray smoke emitted into the atmosphere has been greatly diminished.

The crusade against the smoke nuisance very promptly led to an effort to secure the amendment of the existing statute. The provisions of the first bill drafted for this purpose were manifestly such as to effect the repeal of the existing law without providing an efficient substitute. A substitute bill has, however, been passed by the House of Representatives and is now pending in the Senate.

A detailed statement of the extent and character of the work done toward enforcing the provisions of the act for the prevention of smoke appears in the appendix in the report of the inspector charged therewith. Briefly, it may be said that 216 cases were referred by the health department to the corporation counsel for action. Of these cases 150 were tried and in 148 convictions were secured. Fines were imposed amounting to \$2,465. In four instances the cases were carried to the court of appeals. Two of these cases were tried jointly and the enforcement of the law duly sustained by decisions rendered May 20, 1902 (30 Washington Law Reporter, 455). The other cases were heard and judgment rendered supporting the law June 23, 1902 (32 Washington Law Reporter, 515 and 517). The latter cases have, however, been carried to the United States Supreme Court. The opinions rendered by the court of appeals are printed at length in the appendix.

REMOVAL OF WEEDS.

The special appropriation available during the past year for the enforcement of the law requiring the removal of weeds permitted the employment of three special inspectors and the removal of some weeds from the property of nonresidents under the assessment system during the summer of 1901. The work done was, however, insignificant when compared with the work left undone. In order to secure the removal of weeds generally, in strict compliance with the act referred to, it would be necessary to have an appropriation many times larger than that which has been available during the year.

With a view to limiting the amount of work to be done under the law requiring the removal of weeds and for the purpose of making the requirements of the law somewhat more reasonable than they are at present, the health department recommended on February 6, 1902, that the permissible height of weeds be increased from 4 to 18 inches. A bill to accomplish this result has passed the Senate and is now pending in the House of Representatives.

POUND SERVICE.

The results of the work accomplished in the pound service are shown in the following tables. They compare favorably with results accomplished in previous years. Recommendations for the purchase of a site for a new pound and for the construction of such an establishment are respectfully renewed.

Animals impounded during ten years ended June 30, 1902.

Year.	Horses.	Cows.	Calves.	Mules.	Hogs.	Geese.	Sheep.	Goats.	Dogs.	Total.
1892-93	76	38	.....	5	2	3	.....	33	2,963	3,120
1893-94	88	26	.....	12	.....	.....	7	21	3,408	3,562
1894-95	80	26	.....	6	1	18	.....	11	3,601	3,743
1895-96	64	18	.....	3	.....	17	.....	3	3,226	3,331
1896-97	60	13	.....	12	1	7	.....	9	2,962	3,064
1897-98	54	7	.....	7	.....	.....	.....	5	2,889	2,962
1898-99	40	15	.....	8	.....	2	.....	6	2,274	2,345
1899-1900	38	17	.....	7	1	32	.....	19	6,260	6,374
1900-1901	58	29	.....	2	.....	15	.....	2	2,902	3,008
1901-1902	34	17	.....	4	2	4	1	2	2,728	2,792
Total.....	592	206	.....	66	7	98	8	111	33,213	34,301

Operations of the pound for the fiscal year ended June 30, 1902.

Month.	Impounded.							Disposition.					Amounts received.			
	Horses.	Mules.	Cows.	Hogs.	Goats.	Geese.	Dogs.	Sheep.	Total.	Redeemed.	Killed.	Dogs killed.	Returned.	Sold.	From fees.	From sales.
1901.																
July.....	3	.....	.....	.....	.....	.....	236	1	240	4	229	229	2	5	\$15.75	\$10.00
August.....	4	.....	.....	.....	.....	.....	408	.....	412	29	375	375	.....	8	58.00	25.50
September.....	1	1	.....	.....	.....	.....	259	.....	261	17	235	235	.....	9	34.00	23.75
October.....	5	.....	6	.....	.....	3	262	.....	276	54	206	206	.....	16	103.50	30.50
November.....	2	.....	.....	.....	.....	1	176	.....	179	33	133	133	.....	13	66.00	29.50
December.....	2	.....	.....	.....	.....	.....	111	.....	113	14	86	85	2	11	28.00	34.25
1902.																
January.....	2	.....	.....	.....	.....	.....	145	.....	147	20	111	111	3	13	40.00	22.50
February.....	2	.....	.....	.....	.....	.....	66	.....	68	6	57	57	.....	5	12.00	10.00
March.....	.....	.....	.....	.....	.....	.....	248	.....	248	47	191	191	2	8	94.00	16.00
April.....	2	3	.....	2	2	.....	269	.....	278	48	223	223	2	5	92.00	10.00
May.....	2	.....	1	.....	.....	.....	273	.....	276	42	221	221	1	12	84.00	27.00
June.....	9	.....	10	.....	.....	.....	275	.....	294	66	203	202	11	14	132.00	26.50
Total.....	34	4	17	2	2	4	2,728	1	2,792	380	2,270	2,268	23	119	759.25	265.50

LEGISLATION.

The following laws relating to public health in the District of Columbia, and to the duties of the health department, were enacted by Congress during the past year:

An act to require cases of typhoid fever occurring in the District of Columbia to be reported to the health department of said District. Approved, February 4, 1902.

An act to amend an act entitled "An act to regulate, in the District of Columbia, the disposal of certain refuse, and for other purposes," approved January twenty-fifth, eighteen hundred and ninety-eight. Approved, March 20, 1902.

An act for the promotion of anatomical science and to prevent the desecration of graves in the District of Columbia. Approved, April 29, 1902.

An act relative to the control of dogs in the District of Columbia. Approved, June 30, 1902.

An act to regulate the sale of viruses, serums, toxins, and analogous products in the District of Columbia, to regulate interstate traffic in said articles, and for other purposes. Approved, July 1, 1902.

The Commissioners have during the year modified various regulations relating to public health and to the duties of the health department, as follows:

On January 2, 1902, an ordinance to revise, consolidate, and amend the ordinances of the board of health, to declare what shall be nuisances injurious to health, and to provide for the removal thereof, was amended by the insertion of a section designed to prevent the use of obstructed plumbing fixtures.

On January 2, 1902, the ordinance of the late board of health to prevent the sale of unwholesome food was amended so as to make it applicable to the entire District of Columbia; also, so as to require the removal of the hides and hoofs from carcasses of lambs before sale; and, also, so as to prevent the distribution of medicinal or toxic substances on public highways, or in private premises without the consent of the owners thereof.

On January 8, 1902, the section of the regulations of the late board of health to secure a full and correct record of vital statistics, which required the report of marriages to the health department, was repealed.

MISCELLANEOUS.

Filtration of Potomac water.—The appropriation made and the authority conferred by the appropriation act of July 1, 1902, for the execution of the project for the purification of the water supply of this District seems to insure the early completion of that undertaking. It can be regarded as definitely settled that the completion of this undertaking will result in a decrease in the prevalence of typhoid fever in the District of Columbia.

Medical inspection of schools.—It is greatly to be regretted that no appropriation was made to provide for the expenses of a system of medical inspection in connection with the public schools of this District. The advantages of an inspection system of this kind have been so clearly set forth by those interested in the health of the community and in securing for the school children of this District the advantages

accorded to school children in other similar communities, that there seems to be every reason to believe that the establishment of an inspection service of this character in the District of Columbia can not be much longer delayed. It is respectfully recommended that renewed efforts be made to secure the appropriation necessary for this end.

Municipal bath houses.—It is to be regretted, too, that it was not found feasible to incorporate in the recently enacted appropriation bill any provision for the establishment and maintenance of public baths. The necessity for providing bathing facilities, at least for those who have no such facilities in their own homes and whose means do not enable them to provide homes with such facilities, is too apparent to need argument.

Anacostia flats.—The District may, however, congratulate itself on the appropriation which has been made looking toward the improvement of the Anacostia River. Excluding the project for the purification of the public water supply, which is now well under way, there is no public improvement of greater importance to the health of this community than the reclamation of the swamps and the removal of the flats situated along and in the Anacostia River.

The health department desires to acknowledge its indebtedness to Dr. D. E. Salmon, Chief, Bureau of Animal Industry of the Department of Agriculture, for the assistance afforded by him in connection with the determination of the presence or absence of rabies in cases of dogs supposed to have been mad.

Respectfully,

WM. C. WOODWARD, M. D.,
Health Officer.

THE COMMISSIONERS OF THE DISTRICT OF COLUMBIA.